



Pharmaceutical Services Branch

APPLICATION FOR REVIEW – For Prescribers

Application for the review of a decision on an application to prescribe narcotic substances under Section 59E (s59E) of the *Poisons Act 1971*

I, (full name of prescriber)
of, (prescriber address including postcode)
Telephone number:

Apply for review of the decision with respect to the authority to prescribe narcotic substances under Section 59E of the *Poisons Act 1971* for:

..... (full name of patient) Date of Birth: / /
of, (address of the patient)

What is the applicant's relationship to the patient being prescribed narcotic substances?

- Treating medical practitioner Treating nurse practitioner

Have you checked if a s59E authority application has been submitted for the above-mentioned patient?

- Yes No

Have you discussed this application for review with the above-mentioned patient?

- Yes No

Reason for seeking review of the delegate's decision:

Please attach any relevant additional information, including relevant clinical information or reports not provided in your initial application (additional pages may be attached).

.....
.....
.....

CONSENT OF PATIENT - MUST BE COMPLETED

As the patient prescribed narcotic substances, I, (full name of patient) consent to the Department of Health providing my personal information to:

..... (full name of prescriber)
in relation to this application for review on my behalf.

Signature of patient: Date: / /20.....

Proof of identity of the person giving consent to their information being disclosed must be attached: a photocopy of driver's licence or passport; or two other forms of identification (for example, a health care card, Medicare card or Aurora statement).

This application is to be forwarded marked attention to The Chief Pharmacist, Pharmaceutical Services Branch, Department of Health, GPO Box 125, Hobart, Tasmania, 7001 OR to pharmserv@health.tas.gov.au